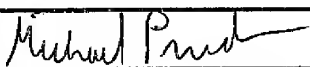
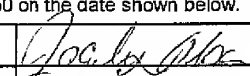


<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/570,941	
	Filing Date	03/08/2008	
	First Named Inventor	Andrew Timothy Patten	
	Art Unit	2856	
	Examiner Name	Robert R Raevis	
Total Number of Pages in This Submission	24	Attorney Docket Number	35010/151US

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Remarks</b></td> <td>It is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 502622 for any additional required fees.</td> </tr> </table>			<b>Remarks</b>	It is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 502622 for any additional required fees.
<b>Remarks</b>	It is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 502622 for any additional required fees.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	The Ollila Law Group LLC		
Signature			
Printed Name	Michael Pruden		
Date	May 2, 2008	Reg. No.	52,135

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature		Date	May 2, 2008
Typed or printed name	Jocelyn Olson		

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